

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90063 015 ***150.00

DOCUMENT # F94000006268

1. Corporation Name

ISLAND DEVELOPMENT GROUP LIMITED, INC.

Principal Place of Business

1750 S. TELEGRAPH ROAD., STE 107
BLOOMFIELD HILLS MI 48302

Mailing Address

1750 S. TELEGRAPH ROAD., STE 107
BLOOMFIELD HILLS MI 48302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1994

4. FEI Number

38-3083163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1700 N. Woodward Avenue

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Bloomfield Hills, Michigan

Zip

24 48304

Country

25 Oakland

2a. Mailing Address

26 1700 N. Woodward Avenue

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Bloomfield Hills, Michigan

Zip

29 48304

Country

30 Oakland

9. Name and Address of Current Registered Agent

THURLOW, THOMAS H JR
THURLOW & SMITH, P.A.
17 MARTIN L. KING, JR. BLVD.
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BERKEY, JON H
STREET ADDRESS 1750 S. TELEGRAPH ROAD., STE 107
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

TITLE DM ☐ DELETE

NAME BASSETT, JOSEPH S M.D.
STREET ADDRESS 325 DUNSTON
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE DM ☐ DELETE

NAME HOSKI, JOSEPH A M.D.
STREET ADDRESS 8425 E. 12 MILE RD
CITY-ST-ZIP WARREN MI 48093

TITLE DM ☐ DELETE

NAME JONES, STANLEY
STREET ADDRESS 4242 WENDELL ROAD
CITY-ST-ZIP WEST BLOOMFIELD MI 48323

TITLE DM ☐ DELETE

NAME KAPDI, CHANDRAKANT C M.D.
STREET ADDRESS 871 HARSDALE
CITY-ST-ZIP BLOOMFIELD HILLS MI 48013

TITLE DM ☐ DELETE

NAME THOMAS, DOMINIC PH.D.
STREET ADDRESS 6010 BARRIE
CITY-ST-ZIP DEARBORN MI 48126

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D ☒ Change ☐ Addition

1.2 NAME

Berkey, Jon H

1.3 STREET ADDRESS

1700 N. Woodward Ave., St. 100

1.4 CITY-ST-ZIP

Bloomfield Hills, MI 48304

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

DM ☒ Change ☐ Addition

3.2 NAME

Hoski, Joseph A M.D.

3.3 STREET ADDRESS

11885 12 Mile Road, St. 200B

3.4 CITY-ST-ZIP

Warren, MI 48093

4.1 TITLE

DM ☒ Change ☐ Addition

4.2 NAME

Jones, Stanley

4.3 STREET ADDRESS

2945 S. Woodward, Four Seasons, Unit #9
Bloomfield Hills, MI 48304

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon H. Berkey

April 30, 1999 (248) 593-6460

Date

Daytime Phone #

CR2E034 (1/98)